



West Virginia Department of Health and Human Resources
Agency Provider Expansion Application
Socially Necessary Services

Agency Name: _____ **Provider #:** _____

Agency Contact Person: _____

Title: _____ **Email:** _____

Agency Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Fax:** _____

Identify the service(s) you wish to add and the county(ies) in which you will be providing these service. Please indicate all of the county(ies) in which services will be provided. If coverage includes the entire state, please indicate "Statewide."

Services	Check All that Apply	County List County Name(s)
Adult Life Skills		
Agency Transportation		
Agency Transportation One		
Agency Transportation Two		
Agency Transportation Three		
Public Transportation		
Public Transportation One		
Public Transportation Two		
Public Transportation Three		
Family Crisis Response		
General Parenting		
Home Maker Services		

Individual Parenting		
Intervention Travel Time		
Transportation Time		
Pre-Reunification Support		
Private Transportation (Foster Care Agency Only)		
Private Transportation One (Foster Care Agency Only)		
Private Transportation Two (Foster Care Agency Only)		
Private Transportation Three (Foster Care Agency Only)		
Emergency Respite		
Respite		
Daily Respite		
Situational Respite		
Crisis Respite		
Safety Services		
Supervised Visitation One		
Supervised Visitation Two		
Supervision		
Meals (Biological Parents/Guardian & Foster Parents Only)		
Lodging (Biological Parents/Guardian & Foster Parents Only)		
MDT Attendance		
Home Study		
Tutoring		
Connection Visit (Foster Care Agency Only)		

Away from Supervision Support (Residential Providers Only)		
Individual/Clinical Review		
Chafee Transitional Living (Foster Care Agency Only)		
Chafee Pre-Placement (Foster Care Agency Only)		
Agency Transportation – Chafee (Foster Care Agency Only)		
Case Management (** Special Approval Needed)		
CAPS Family Assessment		
CAPS Case Management Services		
Family & Needs Assessment/Service Plan (** Special Approval Needed)		

By signing below, you are verifying and certifying that your agency is familiar with the laws and regulations regarding the provision of Socially Necessary Services and that the services you provide are compliant with these laws and regulations.

You are also agreeing to the following:

- Enrolling to expansion of Socially Necessary Services and the services will be provided in the counties indicated on this document;
- Agree to adhere to the established guidelines set forth by the West Virginia Department of Health and Human Resources (DHHR), Bureau for Children and Families (BCF) and the SNS Provider Agreement;
- Have properly credentialed staff members for providing these services who have reviewed the materials posted/enclosed;
- Will follow the established standard of documentation of service stated within the Utilization Management Guidelines at <https://dhhr.wv.gov/bcf/Providers/Pages/Provider-Forms.aspx>;
- Provider and their employees will comply with BCF's SNS Code of Conduct;
- Provider will comply with BCF's SNS Provider Background Check Policy;
- Do not employ individuals who have been listed on the Health and Human Services Office of Inspector General's list of Excluded Individuals/Entities (HH OIG LEIE).

Signature: _____ **Date:** _____